

VARIANCE PETITION APPLICATION

Please only One request addressing a Single Concern per form:

1. Name of Legal Licensee of the Business (Sole Proprietor, Inc. LLC, LLP, etc.):

2. **Legal Agent** for the Corporation/company/partnership or the name of the sole proprietor must complete this form. (Petitioner must be the permit owner/power of attorney for the owner of the state/agent permit. Anyone else will void this petition):

3. Affected Establishment Type: (Highlight or circle one)

Restaurant	Temporary Restaurant
Caterer	Mobile Restaurant
Special Organization Serving Meals	Pool
Whirlpool	Hotel/Motel
Water Attraction	Tourist Rooming House/cabin/cottage
Water Slide	Bed and Breakfast Establishment
Campground	Recreational/Educational Camp
Special Event Campground	Vending Machine Operation
Body Art Establishment	Other

4. Affected Establishment Name:

5. Affected Establishment Address:
(Include more address information than "Rural Route")

6. Affected Establishment State ID Number: Milwaukee

7. Cite specific state administrative code reference being petitioned:
WFC9-103.11 Service Base.
Every MOBILE FOOD ESTABLISHMENT shall have a SERVICE BASE of operations

8. Subject/Issue (Explain the specific practice, provision, operation, condition, construction, installation or issue you are requesting be covered with this petition. Please be concise.):
I will be obtaining water and dumping water at
All other restaurant operations will be done on the unit and all items used for the operation will be stored on the mobile unit.

9. State the specific date when you wish this petition to be effective: **5/30/13**

10. **Justification:** (Explain in detail why a variance is being requested. Clearly state why compliance with the code cannot be attained without a variance.) Explain the effect(s) of the modification/omission on public health or safety. State your proposed means and rationale of providing equivalent degree of protections. Include additional pages here if necessary :

My operation does not necessitate the use of a permanent kitchen.

*The burden of proof for convincing information is the responsibility of the submitter's. Attach all pertinent and representative photographs, sketches, relevant and current documentation, test reports, research articles, expert opinions, previously approved variances, testing certifications, manufacturers' required standards conformance, testimonials/approvals from regulatory officials, etc. specific for your request. Must include the *official's name(s), titles, agency and relationship to the issue along with their phone number(s) and e-mails. Failure to provide this information, relevant inclusions/requested information in a timely manner is automatically justification for this agency's denial of a petition. Make copies of all submittals. This information will not be returned and will be included in the state record.*

***Minimally requires approval and signature of DHS/Agent Local Health Department inspection officials for each petition. Call FSRL at 608-266-2835 for a list of agent health departments/state regulatory officials.**

The information contained herein is accurate and truthfully representative of the conditions and circumstances relevant to this petition for variance. I understand that any approval from DHS can be conditional and defined for a limited period of time as experimental or trial only. I understand the consequences of misrepresentation and penalties of perjury and State Statute chapter 254.85(5) (b) (2).

Signature of Legal Representative of Affected Business:

Printed Name: _____

(Must be the person identified in 2. from page 1.)

PHONE NUMBER:

CELL NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

MAILING ADDRESS:

Submit documents to State Sanitarian or Agent Health Department.

State Sanitarian or Agent Health Department completes box below and forwards to:

VARIANCE PETITION:

Food Safety and Recreational Licensing
Attention: Section Chief FSRL, Rm 150,
1 W. Wilson St.
Madison, WI 53701-2659"

**State Sanitarian / Agent Health Department
Establishment Name:**

Name:

Title:

Agency/Regional Office:

Date:

Approve

Deny

No Opinion

Comments:

Official's Signature:

Printed Name:

OFFICE USE ONLY

FSRL DECISION:

DATE:

APPROVED

DENIED

REASON:

Signature of Section Chief:

Printed name:

Notification date sent: